ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 10 | 4-9-01 |
| FORMALITY REVIEW | T.H. | 953 | 08-01-01 |
| RESPONSE FORMALITY REVIEW | | 905 | 7/06/0 |
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## INDEX OF CLAIMS

✔ ................................ Rejected
= ................................ Allowed
— (Through numeral)... Canceled
÷ ................................ Restricted

N ................................ Non-elected
I ................................ Interference
A ................................ Appeal
O ................................ Objected

| Claim | | Date |
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| Claim | | Date |
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| Claim | | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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